## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Mar 22, 2006 8:00 am Secretary of State DOCUMENT # P00000045743 03-22-2006 90022 005 \*\*\*150.00 1. Entity Name COAST TO COAST JEWELRY & COIN, INC. Principal Place of Business Mailing Address 3455 WEDGEWOOD LN 3455 WEDGEWOOD LN 50004372 STE 508 STE 508 THE VILLAGES, FL 32162 THE VILLAGES, FL 32162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03132006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3647033 Not Applicable Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ATWELL, CHRISTOPHER C ATWELL, CHRISOPHER C Street Address (P.O. Box Number is Not Acceptable) 1801 NW HWY 19, STE. 221 CRYSTAL RIVER, FL 34428 City OCALA 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete THITE ☐ Change Addition ATWELL, CHIRSTOPER C NAME NAME STREET ADDRESS STREET ADDRESS 5723 SE 3RD PL CITY-ST-7IP CITY-ST-ZIP OCALA, FL 34471 ☐ Delete TITLE TITLE ☐ Change ■ Addition ATWELL, CHARLES NAME NAME STREET ADDRESS 45 BANYAN DR STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP OCALA, FL 34472 ☐ Delete TITLE TITLE Change Addition ATWELL, ROBERT NAME NAME ATWELL, ROBERT STREET ADDRESS 257 LEXINGDALE DR STREET ADDRESS 5552 E HARBOR DR CITY-SI-ZIP ORLANDO, FL 32828 CITY-ST-ZIP FRUITLAND PARK, FL 34731 ☐ Delete TITLE □ Change ☐ Addition TITLE NAME ATWELL, SUSAN NAME 45 BANYAN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA, FL 34472 -mu year year ☐ Delete 而连续方面 ☐ Change ■ Addition NAME ADDRESS NAME .... STREET ADDRESS C1TY-S1-ZIP CITY-ST-7IP Delele ☐ Change THEF TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STUNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

**FILED**